

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522620 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2		1		1			52						
3	2			1			53						
4	1		1				54						
5	1		1				55						
6	1		1				56						
7	1		1				57						
8	1		1				58						
9	1		1				59						
10	1		1				60						
11	1			1			61						
12							62						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓			↓		↓		↓
TOTAL DEP.		←	10	←		←			←		←		←
TOTAL CLAIMS			11										

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